## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/574594 APR 04 2006
APPLICANT(S)

						(	CLAIN	rs						
1	ACE	TT TOTAL	AF	TER	AF	TER		<del> </del>	T					
	AS FILED		1 <sup>4</sup> AMENDMENT		<sup>2™</sup> AMENDMENT		<b>l</b> .		AS FILED		AFTER		AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	ĺ	l	TAID	-			2 nd AME	THEMBER
1				7		D191 .		51	IND.	DEP.	IND.	DEP.	IND.	DEP.
2	ļ							52	<del> </del>	<del> </del>				
3	<b> </b>							53	·	<del></del>	<del></del>	<b> </b>		
5		<del></del>		-/				54						ļ
6				<del>  / </del>	·			55						<b></b>
7			<del>'</del>	<b>/</b>				56						
8						*		57 58						
9 10	<u> </u>		/_					59						
11		·	-/					60						<del></del>
12		· ·	/				-	61						
13			<del>/</del>			<del></del>		62						
14								63 64						
15 16								65						
17		<del></del>			i			66						
18				-4-1			ı	67						<del></del>
19				7			ŀ	68 69						
20				7			• •	70						
21 22								71 .						
23							1	72						
24				<del>-/-</del>			ŀ	73 74						
25				7			ŀ	75						
26 27								76						
28							-	77						
29							ŀ	78 79		·				
30 31							t	80						
32								81						
_33					<del></del> }-		ŀ	82						
34							ŀ	83 84						
35 36								85		<del>``</del>				
37								86					<del></del>	
38							-	87 88						
39							ŀ	88 89						
40							F	90						
41								91					<del> </del>	
_43						·	L	92						
-44							-	93 94						
45							上	95						
46 47								96 -				<del> </del> -		
48	<del> </del> -				-			97					<del></del>	
49				·			<b> </b> -	98						
50							-	99 100						
TOTAL IND,		1	/				-	TOTAL						
TOTAL		, <b>*</b>		<b>V</b>		▼	L	IND.	_	₩	- 1	#	1	#
DEP.	•	<del>(</del>	12.	<b>(=  </b>	•	<b>4</b>	Γ	TOTAL DEP.		4 F		_  -	———	
TOTAL					. 199		<u> </u>		1	7		<u>-                                    </u>		<b>F</b>
CLAIMS			/3					TOTAL CLAIMS						
PTO - 1160	(REV. 11/04)				- 376		<u></u>			S. DEPARTE	IENT of COA	(MEDCE		
. 10 - 1000	(	<del></del> ,						***************************************	Pa	tent and Trac	lemark Office	IDRCE		- 1